

2011 Military Health System Conference

Focusing on the Fundamentals in Treating PTSD: An Innovative Approach

Evidence Based Care

The Quadruple Aim: Learning & Growth, Readiness, Experience of Care

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Military Operational Medicine Research Program

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PTSD: Clinical Definition/ Diagnosis

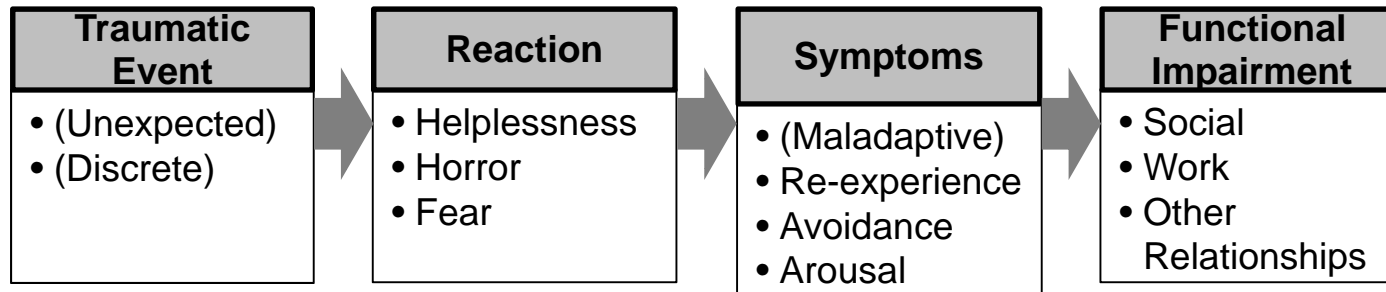


- Complex disorder associated with significant co-morbidity, disability, and impairment of daily living following exposure to a traumatic event
- Diagnosis includes: (1) Event; (2) Reaction; (3) Symptoms; (4) Impairment; (5) Time course
- Symptoms fall into three clusters:
 - Intrusive recollection of event in some way
 - Avoidance of reminders of the event or numbing
 - Hyper-aroused state

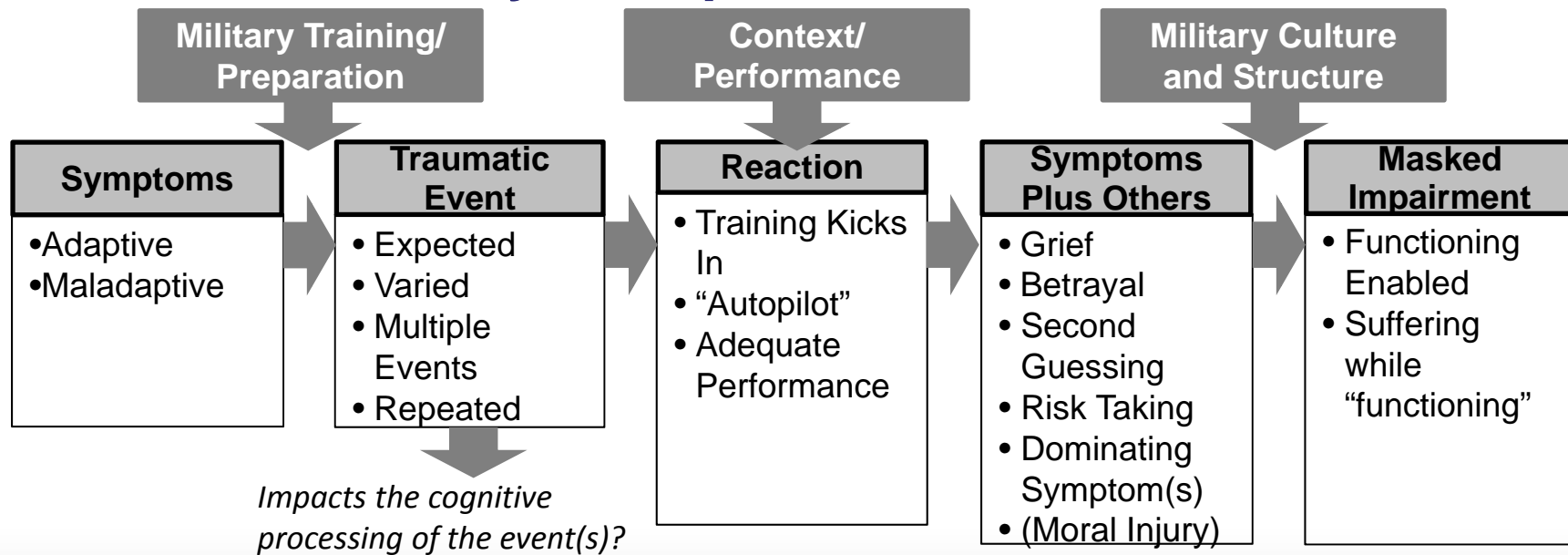
Two Models of PTSD



Victim Model of PTSD



Military Occupational Model of PTSD



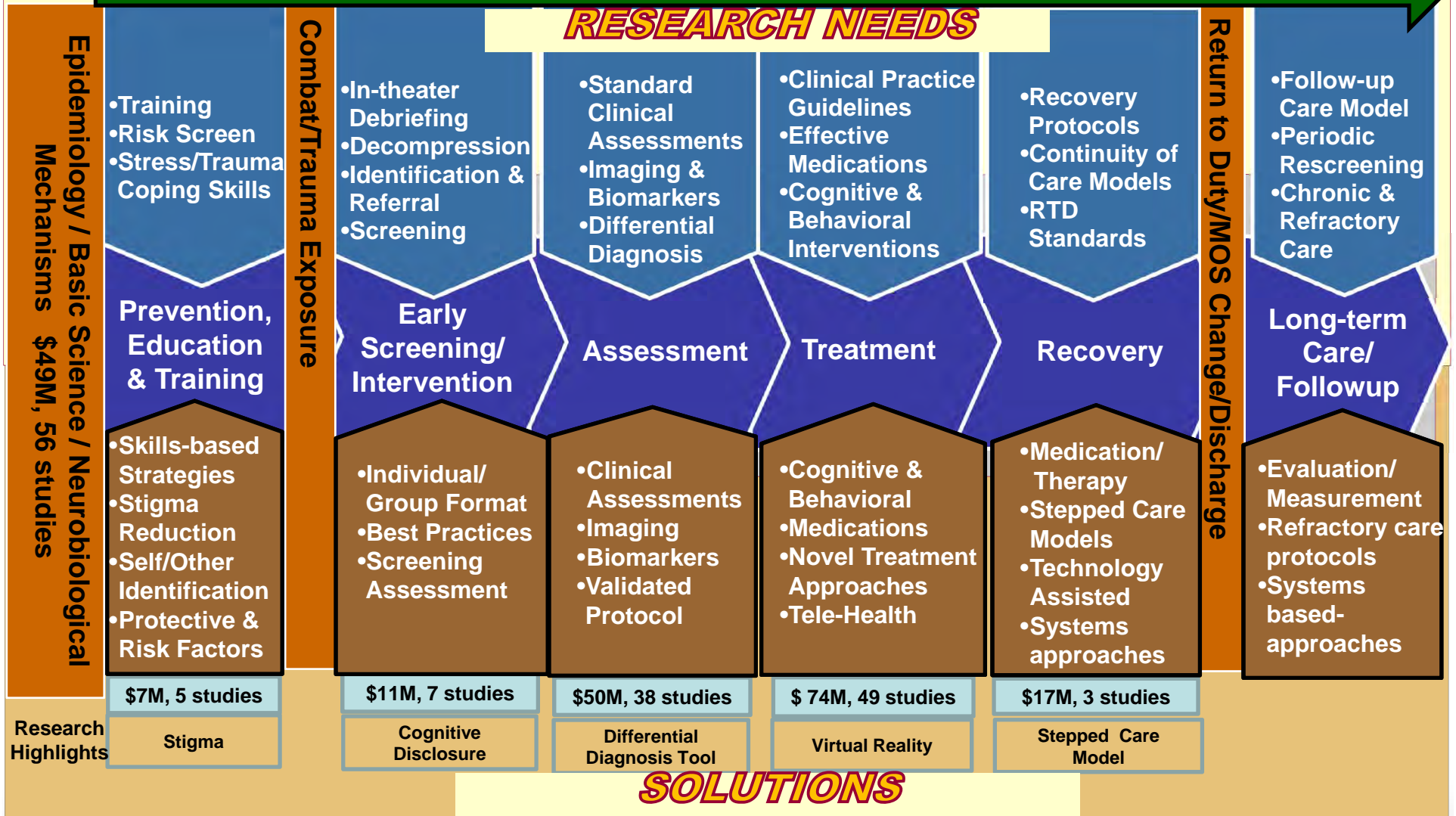
Source: Castro & Adler, in press

2011 MHS Conference

PTSD Care Continuum Determines Research Approach



Continuing Education and Reinforcement for Soldiers, Leaders and Service Providers



Problem/Threats



- Veterans have poorer treatment response than survivors of other traumas
- Stigma prevents/impedes seeking care
- Current evidence-based psychotherapies are <50% effective and do not address co-morbidities
- FDA approved PTSD medications (paroxetine and sertraline) are modestly effective (<40%)

Current PTSD Treatment



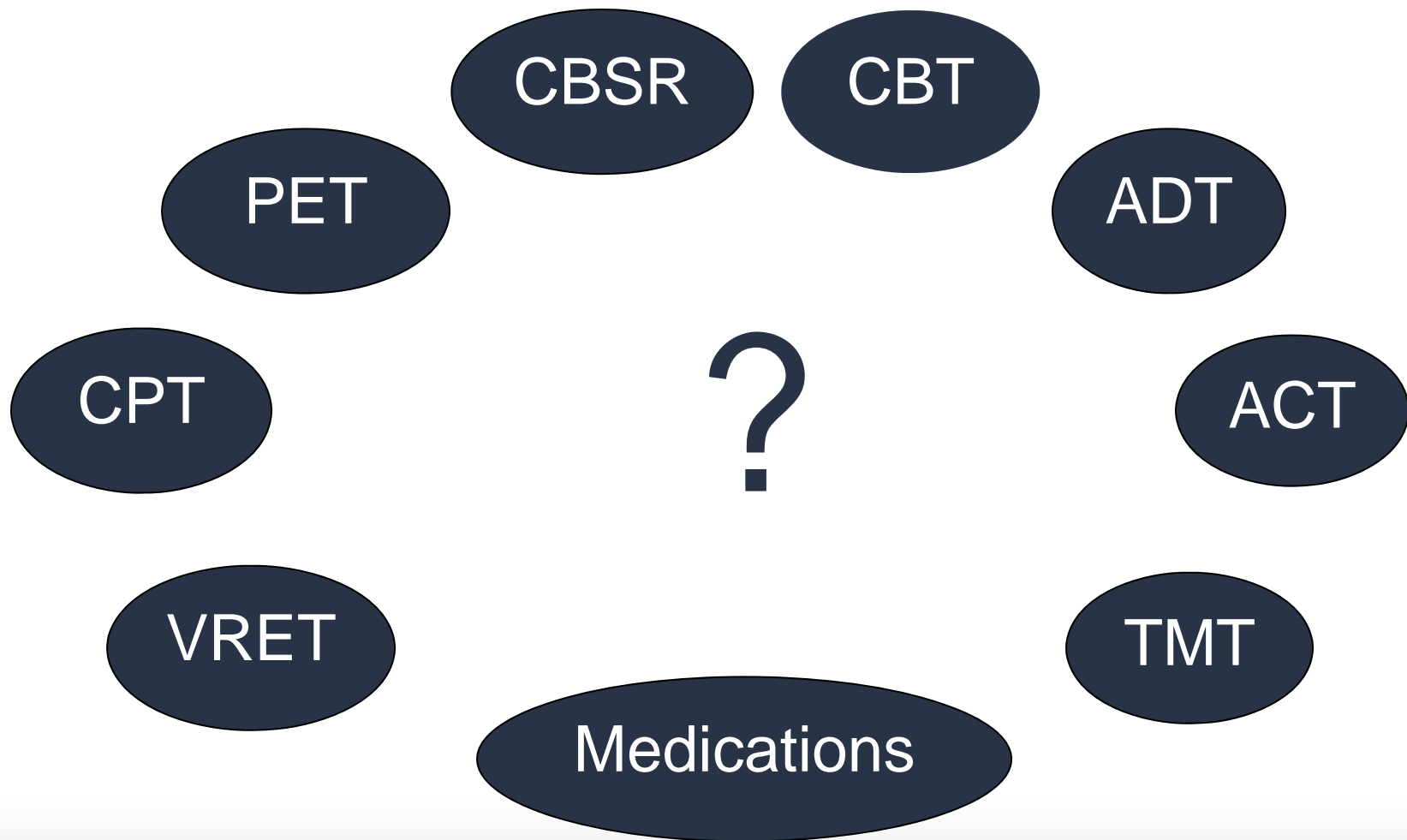
Existing processes insufficient to ensure use of evidence based clinical practice

- No accepted provider/treatment norms
- Provider selects treatment based upon:
 - Personal experience/comfort level
 - Artistry
 - Patient variables MAY be considered
- Eclectic-**NOT** manualized
 - Technique variations
 - Lacks empirical validation
 - Absence of progress standards

Current PTSD Treatments



Evidence-Based?



Innovations



- Broad-spectrum approach to treatment
- Targeting multiple symptom groups
- Non-reductionistic (pharmacologic)
- Neurogenesis focus
- Evidenced Based, Manualized Treatment Protocols
 - PET
 - CPT
 - VRET

Prolonged Exposure Therapy (PET)



- Group or couples based:
 - PE delivered in a more compact/efficient format
 - Shortened Treatment Protocol
 - Massed versus Spaced
 - May improve treatment outcome
 - Strengthen soldiers' spouse/peer supportive relationships

Virtual Reality Enhanced PET



- Adds multi-sensory component to PET
- More effectively activates fear structures
- Better facilitates the necessary emotional engagement in treatment
- Computer-based administration facilitates
 - Primary care use or self-administration
 - Enhanced receptivity and adherence to treatment
 - Stigma reduction via at home treatment

Cognitive Processing Therapy (CPT)



- Group-based
 - More efficiency/great numbers treated
 - Potentially more effective with peer-group administration
 - More economical
- Individual-based Adaptive Disclosure Therapy
 - Combines imaginal exposure therapy with cognitive therapy to reframe/reinterpret disturbing combat/operational experiences

Psychopharmacology



- 2 FDA-approved medications for PTSD
- Current PTSD-drug RFP
- Research targeting specific neural circuitry for limited tailored relief:
 - Hydrocortisol, Propranolol, Prazosin, Nepicastat
- Proposed Neuro-cranial Stimulation Research

Summary/Conclusion



- In order to be innovative, you must understand the fundamentals
- Calling something innovative doesn't make it innovative
- Innovation can take many forms
- There are no short cuts
- Innovative ideas still must pass scientific and programmatic review